

FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18869

State File No. _____

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4693

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4693	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		c. LENGTH OF STAY (in this place) <u>52 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>3639 Windsor Place</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>TENA</u>		b. (Middle) <u>JONES</u>		c. (Last) <u>JOHNSON</u>	
4. DATE OF DEATH		5. SEX <u>3</u> <u>Female</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH		9. AGE (In years last birthday)		10. IF UNDER 1 YEAR		11. IF UNDER 1 MRS.	
<u>Jan 18 1888</u>		<u>69</u>		<u>4</u> Months <u>14</u> Days		<u>Hours</u> <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Checker</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery Store</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>New Haven, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Fred Jones</u>			
13b. MOTHER'S MAIDEN NAME <u>Mollie P</u>				14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>494-24-1034</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cathrine Johnson</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Subdural Hematoma</u> ANTECEDENT CAUSES <u>Thrombotic softening of brain; Coronary Sclerosis.</u> 2. OTHER SIGNIFICANT CONDITIONS <u>Deceased suffered when deceased fell down stairs at his home on May 1st 1957. Last time with no injury.</u>				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>1st 1957. Last time with no injury.</u>			
21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis Mo.</u> (COUNTY) _____ (STATE) _____		18. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21d. TIME OF INJURY <u>May 1 57</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E900.0 21</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:58 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph D. Smith</u>				23b. ADDRESS <u>1300 Clark Avenue</u>		23c. DATE SIGNED <u>5/17/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-20-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAY 17 57</u>		REGISTRAR'S SIGNATURE <u>Learl Smith Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jas H. Randle & Son 3133 Bell Avenue</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Esther K. Harris*.....

Licensed Embalmer No. *449*.....

P. O. Address *4181 Washington*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.